FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549`

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FORM D

JUL 14 2008

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

_{allenhington,} DC UNIFORM LIMITED OFFERING EXEMPTION

	SEC USE ONLY	
Prefix		Serial
	L.,	
	DATE RECEIVED	

Name of offering (check if this is an amendment and name has changed, and indicate change.) eT Venture, LLC

Filing Under (Check box(es) that apply): Type of Filing:

Rule 504 × New Filing □ Rule 505 Amendment

Rule 506

Section 4(6)

ULOE

A. BASIC IDENTIFICATION DATA

1	Enter the	information	requested	about the	issuer

Name of Issuer (D check if this is an amendment and name has changed, and indicate change.) eT Venture, LLC

Address of Executive Offices (Number and Street, City, State, Zip Code) 4 Stamford Plaza, Suite 900, 107 Elm Street, Stamford, Connecticut 06902

Telephone Number (inc (203) 326-7600

Telephone Number (inc



Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)

Brief Description of Business: Investment fund formed to invest in eTelemetry, Inc., a Maryland corporation.

Type of Business Organization

corporation П П limited partnership, already formed

Actual or Estimated Date of Incorporation or Organization:

other (please specify): limited liability company

business trust limited partnership, to be formed

[12]

Year

[2005]

Actual

Estimated

(Enter two-letter U.S. Postal Service abbreviation for State: [DE] CN for Canada; FN for foreign jurisdiction)

GENERAL INSTRUCTIONS

Jurisdiction of Incorporation or Organization:

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB copposite SED

SEC 1972 (6-02) 115494.2

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THOMSON REUTERS

A. BASIC IDENTIFICATION DATA											
Enter the information requested for the following:											
 Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to yote or dispose or direct the yote or disposition of 10% or more of a class of equity securities. 											
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; 											
 Each executive officer and director of corporate issuers and of corporate general and managing partne 	rs of pa	rtnership issuers; and									
Each general and managing partner of partnership issuers.											
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director		General and/or Managing Partner									
Full name (Last name first, if individual) Centripetal Management, LLC											
Business or Residence Address (Number and Street, City, State, Zip Code) 4 Stamford Plaza, Suite 900, 107 Elm Street, Stamford, Connecticut 06902											
Check Box(es) that Apply: ☑ Promoter ☐ Beneficial Owner* ☑ Executive Officer* ☐ Director		General and/or Managing Partner									
*Mr. Chrust is a senior principal of the manager of the issuer.											
Full name (Last name first, if individual) Chrust, Steven G.											
Business or Residence Address (Number and Street, City, State, Zip Code) 4 Stamford Plaza, Suite 900, 107 Elm Street, Stamford, Connecticut 06902											
Check Box(es) that Apply: ☑ Promoter □ Beneficial Owner ☑ Executive Officer* □ Director		General and/or Managing Partner									
*Mr. Brodlieb is a principal of the manager of the issuer.											
Full name (Last name first, if individual) Brodlleb, Jeffrey I.											
Business or Residence Address (Number and Street, City, State, Zip Code)											
4 Stamford Plaza, Suite 900, 107 Elm Street, Stamford, Connecticut 06902		Consolination									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director		General and/or Managing Partner									
*Mr. Bulkeley is a senior principal of the manager of the issuer.											
Full name (Last name first, if individual) Griswold, E. Bulkeley											
Business or Residence Address (Number and Street, City, State, Zip Code) 57 Danbury Court, Suite 103, Wilton, Connecticut 08897											
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer* Director		General and/or Managing Partner									
*Mr. Rossetter is a principal of the manager of the issuer											
Full name (Last name first, If individual) Rossetter, Stephen T.											
Business or Residence Address (Number and Street, City, State, Zip Code) 57 Danbury Court, Suite 103, Wilton, Connecticut 06897											
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director		General and/or Managing Partner									
Full name (Last name first, if individual)											
Business or Residence Address (Number and Street, City, State, Zip Code)											
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	0	General and/or Managing Partner									
Full name (Last name first, if individual)		;									
Business or Residence Address (Number and Street, City, State, Zip Code)											
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	0	General and/or Managing Partner									
Full name (Last name first, if individual)											
Business or Residence Address (Number and Street, City, State, Zip Code)											
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	0	General and/or Managing Partner									
Full name (Last name first, if Individual)											

Busi	iness or	Residence	Address	(Number a	nd Street,	City, State	e, Zip Code	e)						
	· · · · · ·					B. INFO	RMATIO	N ABOU	T OFFER	RING				
1.	Has the	issuer sol	d, or does	the issue	r intend to	sell, to no	n-accredite	ed investor	rs in this o	ffering?	*****		Yes	No E
					Answ	er also in .	Appendix,	Column 2	, if filing ur	nder ULOE	<u>.</u>			
2.	What is	the minim	um invest	ment that	will be acc	epted fron	n any indiv	idual (but	lesser amo	ounts may	be accept	ed)	S	100.000.00
						· ·		· ·					Yes	No
3.			•		•	<u> </u>							图	0
4.	C. Cook the change particular out on growth.													
Full	Name (L	ast name 1	first, if Ind	ividual)										
Bus	iness or	Residence	Address	(Number a	and Street,	, City, Stat	e, Zip Cod	e)	_					
Nan	ne of Ass	sociated Br	oker or D	ealer										
Stat						ds to Solici	t Purchase	ers						CT All Chairs
						[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	[ID]	LI All States
	<u> </u>													
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Full	Name (L	ast name t	first, if ind	ividual)										
Bus	iness or	Residence	Address	(Number a	and Street	, City, Stat	e, Zip Cod	e)	•					
Nan	ne of Ass	sociated Br	oker or D	ealer										
Stat	es in Wh	nich Person	Listed H	as Solicite	d or Intend	ds to Solici	t Purchase	ers						
	•	*All States					[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	ID1	
	[AL] [IL]	[AK] [IN]	[AZ] [IA]	(AR) (KS)	[CA] [KY]	[CO] [LA]	[ME]	[MD]	[MA]	[M]	[MN]	(MS)	[MÓ]	
	[MT] [RI]	(NE) [SC]	[NV] [SD]	[NH] [TN]	[NJ] [XT]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[WV]	[WI]	[OR] [WY]	[PA] [PR]	
Full	• •	ast name			[,	[0,1]	[4.1]	[47]	[444.4]	[,,,]	(***)	[** 1]	17.4	
	<u>`</u>	Residence			and Street	City Stat	e Zin Cod	۵۱			· · · ·			
				·	ing Sueer	, City, Stat	6, Zip Cou	0 ,						
		sociated Br												
Stat		nich Persor "All States".							•••••	*************		******		All States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	(HI)	(ID)	
	[IL] [MT]	(IN) [NÉ]	[IA] [NV]	[KS] [NH]	[KY]	(LA) [NM]	(ME) (NY)	(MD) [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
	[RI]	(sc)	[SD]	[TN]	įτxj	į̈́υΤj̇	įvtj	[VA]	[WA]	[wvj	[WI]	[WY]	(PR)	
			-	(Use	blank shee	et, or copy	and use a	dditional c	oples of th	is sheet, i	necessar	y)		
			C. OFF	FERING I	PRICE, N	IUMBER	OF INVE	STORS,	EXPENS	ES AND	USE OF	PROCE	DS	•
1.	"0" if ar	he aggrega nswer is "no is below the	one" or "zi	ero." If the	transaction	on is an ex	change of	fering, che	ck this box	x 🗆 and in				
	Type of	f Security								0	Aggregate		Am	ount Already Sold
	Debt		·····	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	***************************************		***************************************		\$			\$	
	Equity		Common	□ Pi	referred				•••••	<u>\$</u>			<u></u>	
	Conver	tible Secur	ities (incl	uding warn	ants)					<u>s</u>			<u>s</u>	
	Partner	ship Intere	sts	*************	•••••					<u>s</u>			<u>s</u>	
	Other I	Class D M	embersh	ip interes	ts]			*************		<u>s</u>	2.525.0	00.00	<u>s</u>	1.100.000.00
	_	otal			_					<u> </u>	2.525.0		S	1.100.000.00
	•													

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	<u>\$</u>	1,100,000.00
	Non-accredited Investors	<u>\$</u>	
	Total (for filing Under Rule 504 only)	<u>s</u>	
	Answer also in Appendix, Column 4 if filing under ULOE		
3.	If this filing is for an offering Under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering Type of Security		Dollar Amount of Purchases
	Rule 505	<u>\$</u>	
	Regulation A	<u>\$</u>	<u> </u>
	Rule 504.	<u>\$</u>	
	Total	<u>\$</u>	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	\$	-0-
	Printing and Engraving Costs	\$_	2,809,69
	Legal Fees	\$	15.000.00
	Accounting Fees	<u>\$</u>	0-
	Blue sky fees	<u>s</u>	1.040.00
	Sales Commissions (Specify finders' fees separately)	\$_	-0-
	Other Expenses (identify): [Mailing Costs]	<u>s_</u>	1,000.00
	Total	<u>s</u> _	19,849.69
5.	 b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." Indicate below the amount of the adjusted gross proceeds to the issuer used or 	<u>\$_</u>	2,505,150,31
	proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payments to Officers, Directors & Affiliates		Payments to Others
	Salaries and fees	<u>\$_</u>	-0-
	Purchase of real estate	<u>\$</u>	-0-
	Purchase, rental or leasing and installation of machinery and equipment	\$	-0-
	Construction or leasing of plant buildings and facilities	<u>\$</u>	<u>-0-</u>
	Acquisitions of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	<u>\$</u>	-0-

				
C. OFFERING PRICE, NUMBER OF INV	ESTORS, EXPENSES AND L	JSE OF PROCE	ED\$	
Repayment of indebtedness		-0- 🗆	\$	-0-
Working capital		<u>-0-</u> 🗷	\$	25,000.00
Other (specify) Investment in other businesses		<u>-0-</u> 🗷	<u>\$</u>	2,480,150.31
Column Totals		<u>-0-</u> E	\$	2.505.150.31
Total Payments Listed (column totals added)		<u>-0-</u> 🗵	\$	2,505,150.31

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) eT Venture, LLC	Signature Date July 9, 2008
Name of Signer (Print or Type) Jeffrey I. Brodlieb	Title of Signer (Print or Type) Principal of Centripetal Management, LLC, Manager
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ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualifications provisions of such rule? Yes No B
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned y authorized person.
Iss	uer (Print or Type) Signature Date
eΤ	Venture, LLC
Na	me of Signer (Print or Type) Title of Signer (Print or Type)
Jef	frey I. Brodlieb

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AF	PENDIX				
1	intend to sell to Non- Accredited Investors in State (Part B – Item 1)		3 Type of Security and Aggregate Offering Price Offered in State (Part C – Item 1)		Type of I Amount Pur (Part C	5 Disqua!ification under State ULOE (If yes, attach explanation of waiver granted) (Part E – Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL		T							
AK									
AZ									
AR									
CA		•							
СО		Ţ							
СТ		X	Membership Interests \$2,525,000	10	\$770,000	0	O		X
DE									
DC		1							
FL									
GA									
н									
D									
IL									
IN									
IA									
KS									
KY									
LA									
MÉ									
MD									
MA		х	Membership Interests \$2,525,000	2	\$125,000	0	0		X
Mi									
MN									

1	2 intend to sell to Non- Accredited Investors in State (Part B – Item 1)		3 Type of Security and Aggregate Offering Price Offered in State		Amount Pu	Investor and rchased in State C – Item 2)	1	Disqua under St (if yes explan walver	5 lification tate ULOE , attach (atlon of granted) – Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MS		<u> </u>	<u> </u>						
МО									
MT						<u></u>			
NE									
NV									
NH									
NJ									
NM									
NY		х	Membership Interests \$2,525,000	2	\$125,000	0	0		x
NC					-	· -			1.
NC							_	<u> </u>	1
ОН							-	<u> </u>	-
OK .		 			-				
OR	<u> </u>	 	 				-		
PA							<u> </u>	1	
RI		 		<u> </u>		 	<u> </u>		
sc		+	<u> </u>		 		<u> </u>		
SD	٠.	+		<u> </u>			<u> </u>	<u> </u>	
TN	 	 					1		
TX	 	 	<u> </u>			<u> </u>			
UT	<u> </u>								
VΤ	 								
VA		x	Membership Interests \$2,525,000	1	\$80,000	0	0		×
WA									
wv		1							
WI								<u> </u>	
WY	1				1				
PR									
Foreign		<u> </u>	1			 		†	